VIRGINIA CAREER WORKS

Training Attendance Sheet

Participant Name **Period Begin - Period End**

Training Name/Description **Location**

The signatures below verify participation in the program on the date(s) specified:

Date of Class Attended	Participant Signature	Instructor/Supervisor Signature	Total Round Trip Miles

Total:

Thank you for your cooperation.

Please return this form to: **Fax:**

Address: **Phone:**